

Hotel Reservation Form for
“50th Anniversary Department of Orthopedics Conference”
On 8-9 January 2015 at Le meridian hotel

1. Personal information

First Name : _____

Last name : _____

Contact Address : _____

Telephone : _____

E-mail Address : _____

2. Reservation: Royal Princess Chiang Mai**Deluxe room** 2,500/2,700.-net (Single/Twin)/Night/Room 1,000 Extra Bed**Executive Plus room** 3,500/3,700.-net (Single/Twin)/Night/Room 1,000 Extra Bed

Check-In Date: _____ Check-Out Date: _____

Arriving By: _____ Flight No. _____ Time _____

Departure By: _____ Flight No. _____ Time _____

 Airports pick up 150 THB/person (join van) number of passenger _____ Airports pick up 550 THB/person (private van/maximum 4 person per van) Not required**3. Settlement:** by Cash Visa Card Master Card

Card holder name : _____

Credit Card No : _____

Exp. Date : _____

Special Request : _____

4. Reservation Condition :

- 4.1 Reservation will be accepted until November 1, 2014. After this date reservation is subject to room availability
- 4.2 Reservation must be guaranteed with Credit Card or Cash.
- 4.3 No Show or Late arrival will be charged as per reservation.
- 4.4 **Cancellation made after November 15, 2014** will be charged for the whole period of reservation.
- 4.5 Please kindly fax or email this form back to the hotel.

Reservation at Royal Princess Chiang Mai

Tel : 66 53 253 900 Fax : 66 53 281 044

E-mail : dpcmrsvn@dusit.com<http://royalprincesschiangmai.dusit.com>**For hotel use only confirmed By** _____**Date** _____